

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10 6776817**
APPLICANT(S)

FILING DATE **10-2-03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6	1					
7	1					
8	1					
9	1					
10		1				
11		1				
12		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	6					
TOTAL DEP.	29					
TOTAL CLAIMS	35					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						